

The Problem

During the past decade, dozens of public and private organizations have created programs and pilot projects to collect and recycle end-of-life (EOL) consumer electronics. Although these programs and pilots have yielded good data and provided insight into the volumes, long-term costs and challenges associated with collecting and recycling EOL electronics, analyzing these results across independent electronics recycling efforts has proven difficult.

The Solution

In response to this growing problem, the MARCEE (Mid-Atlantic Recycling Center for End-of-Life Electronics) Project along with EPA's Plug-In to eCycling Partners and the Polymer Alliance Zone of West Virginia (PAZ) have compiled a set of standard data elements to be used for the collection of electronics recycling related information. These data standards have been incorporated into the Centralized Data Repository's Data Collection forms, both web-based and printable versions. This Repository is an open, collaborative public/private data sharing project which is addressing the need for up-to-date information on the collection and recycling of electronic waste.

What Happens Next?

Gather your data using all or some of the forms found on the following pages. Instructions are included along with definitions for each data element found on the forms. Once the forms are completed, please submit them to the Centralized Data Repository.

Fax: 304-363-6767

Email: xml@GreenOnline.com

Mail: Centralized Data Repository
DN American, Inc
1000 Technology Drive
Suite 3220
Fairmont, WV 26554

Please direct any questions or comments to Terri Linger at 304-363-6757 or xml@GreenOnline.com



Program Sponsor Information

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P1 Program/Pilot Sponsor Name:					
P2 City:		P3 State:		P4 Zip:	
P5 Sponsor Organization Type:		<input type="checkbox"/> Coalition <input type="checkbox"/> Non-Profit <input type="checkbox"/> State Government <input type="checkbox"/> Federal Government <input type="checkbox"/> Recycler <input type="checkbox"/> Regional Authority <input type="checkbox"/> Retailer <input type="checkbox"/> Manufacturer <input type="checkbox"/> School <input type="checkbox"/> Transporter <input type="checkbox"/> Local/County Government			
P6 Program/Pilot Point of Contact					
First Name:		Last Name:			
Email:					
Address:					
City:		State:		Zip:	
Country:					
Phone:		Extension:			
Program/Pilot Implementation					
P7 Program/Pilot Start Date:		(m/d/yyyy)			
P8 Program/Pilot End Date:		(m/d/yyyy)			
P9 Where does the financing for this program come from (how was it paid for)? (select all that apply):		<input type="checkbox"/> Drop Off Fee <input type="checkbox"/> Government Funds <input type="checkbox"/> Grants <input type="checkbox"/> Manufacturer <input type="checkbox"/> Point of Purchase <input type="checkbox"/> Retailer			
P10 What are the promotional techniques used to promote this program/pilot? (select all that apply):		<input type="checkbox"/> Brochures <input type="checkbox"/> Fliers <input type="checkbox"/> Government Newsletter <input type="checkbox"/> Internet <input type="checkbox"/> Movie Theater <input type="checkbox"/> Newspaper <input type="checkbox"/> Other Print <input type="checkbox"/> Radio <input type="checkbox"/> Recycler Bill <input type="checkbox"/> TV <input type="checkbox"/> Other (specify)			
P11 Total Promotional Cost for this Program/Pilot:					
P12 Program Setup Cost:					
P13 Other Recurring Program Cost:					
P14 Regulatory or legislative context in which pilot/program is being implemented:		<input type="checkbox"/> Advance Recycling Fee Mandated <input type="checkbox"/> Disposal Ban in Place <input type="checkbox"/> Mandated Producer Responsibility <input type="checkbox"/> None			
P15 Unique Program/Pilot Features:					

Collection Location Information					
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C1 PROGRAM/PILOT NAME:					
C2 COLLECTION LOCATION NAME:					
C3 COLLECTION START DATE:		C4 END DATE:			
C5 Collection Location Point of Contact					
First Name:		Last Name:			
Email:					
Address:					
City:		State:		Zip:	
Country:					
Phone + Extension:					
Location Information					
C6 Collection Location Name:					
C7 Address:					
City:		State:		Zip:	
C8 Frequency of Collection:		<input type="checkbox"/> One-Time Event <input type="checkbox"/> Ongoing, Limited Duration <input type="checkbox"/> Ongoing, Indefinite Duration			
C9 Consolidation Point:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
C10 Days and Hours of Operation:					
C11 Was Backhauling used from this collection location?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
C12 Access to Service:		<input type="checkbox"/> Individuals <input type="checkbox"/> Non-profits <input type="checkbox"/> Schools <input type="checkbox"/> County Residents <input type="checkbox"/> Businesses <input type="checkbox"/> Open to All			
C13 Political Jurisdiction served by this program/activity:		<input type="checkbox"/> Municipality <input type="checkbox"/> County/Parish <input type="checkbox"/> State			
C14 Materials Accepted (Select all that apply):		<input type="checkbox"/> Audio/Visual Equipment <input type="checkbox"/> Batteries <input type="checkbox"/> Cell Phones/PDAs and Accessories <input type="checkbox"/> Computer Monitors <input type="checkbox"/> Computers <input type="checkbox"/> Ink Jet Cartridges <input type="checkbox"/> Laptops <input type="checkbox"/> Large Copiers <input type="checkbox"/> Printers/MFDs/Fax/Desktop Copiers/Scanners <input type="checkbox"/> Small Peripherals <input type="checkbox"/> Toner Cartridges <input type="checkbox"/> TVs <input type="checkbox"/> Other			
C15 Materials Specifically Excluded:					

Collection Activity

(Page 1 of 2)

A1 PROGRAM/PILOT NAME:													
A2 COLLECTION LOCATION NAME:													
A3 COLLECTION START DATE:		A4 END DATE:											
Collection Activity Information													
A5 Reporting Period Start Date:													
A6 Reporting Period End Date:													
A7 Number of Participants:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">A8 Participant Count By:</td> <td> <input type="checkbox"/> Vehicles <input type="checkbox"/> Gov't Entities <input type="checkbox"/> Individuals </td> <td> <input type="checkbox"/> Businesses <input type="checkbox"/> Other </td> </tr> </table>		A8 Participant Count By:	<input type="checkbox"/> Vehicles <input type="checkbox"/> Gov't Entities <input type="checkbox"/> Individuals	<input type="checkbox"/> Businesses <input type="checkbox"/> Other							
A8 Participant Count By:	<input type="checkbox"/> Vehicles <input type="checkbox"/> Gov't Entities <input type="checkbox"/> Individuals	<input type="checkbox"/> Businesses <input type="checkbox"/> Other											
A9 Is brand sorting taking place at this collection location?		<input type="checkbox"/> Yes <input type="checkbox"/> No											
A10 If so, please indicate quantities by brand (by unit or by pound):													
A11 What is the breakdown of the staffing for this collection activity?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Staffing Type</th> <th style="text-align: center;">Number of Staff or FTEs</th> </tr> <tr> <td style="text-align: center;">Community Service</td> <td></td> </tr> <tr> <td style="text-align: center;">Paid</td> <td></td> </tr> <tr> <td style="text-align: center;">Volunteer</td> <td></td> </tr> <tr> <td style="text-align: center;">Work Release</td> <td></td> </tr> </table>		Staffing Type	Number of Staff or FTEs	Community Service		Paid		Volunteer		Work Release	
Staffing Type	Number of Staff or FTEs												
Community Service													
Paid													
Volunteer													
Work Release													

Collection Activity

(Page 2 of 2)

PROGRAM/PILOT NAME:					
COLLECTION LOCATION NAME:					
COLLECTION START DATE:			END DATE:		
Products Collected					
Product	A12 Actual Units	A13 Pounds	A14 Average Weight	A15 Calculated Units	A16 User Fees
Audio/Visual Equipment					
Batteries					
Cell Phones/PDAs and Accessories					
Computer Monitors					
Computers					
Ink Jet Cartridges					
Laptops					
Large Copiers					
Printers/MFDs/Fax/Desktop Copiers/Scanners					
Small Peripherals					
Toner Cartridges					
TVs					
Other					
A17 TOTAL:					
Recycler Fees to the Sponsor					
A18 Fee per Pound (applies to all products):					
A19 Fee per Unit (applies to all products):					
A20 Does Cost Include Shipping:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
A21 Additional Fees:					
A22 Additional Fee Types:		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Gaylord Boxes <input type="checkbox"/> Battery Removal <input type="checkbox"/> Shrink Wrap <input type="checkbox"/> Toner Cartridges <input type="checkbox"/> On-Site Labor </div> <div> <input type="checkbox"/> Reporting <input type="checkbox"/> Information <input type="checkbox"/> Destruction Management <input type="checkbox"/> Trailer Rental </div> </div>			

Recycling Information				
(Page 1 of 2)				
R1 PROGRAM/PILOT NAME:				
R2 COLLECTION LOCATION NAME:				
R3 COLLECTION START DATE:			R4 END DATE:	
Recycler Information				
R5 Recycler Name:				
R6 City:			State:	Zip:
R7 Recycler Point of Contact				
First Name:			Last Name:	
Email:				
Address:				
City:			State:	Zip:
Country:				
Phone:			Extension:	
Material Handling				
R8 Total Units Reused:				
R9 Total Pounds Recycled:				
R10 Total Pounds Disposed:				
R11 Total Pounds Processed for Waste-to-Energy:				
R12 Brokering:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
R13 Recycling Processes Employed:		<input type="checkbox"/> Automated Shredding with Material Separation <input type="checkbox"/> Automated Shredding without Material Separation <input type="checkbox"/> Manual Demanufacturing		

Recycling Information

(Page 2 of 2)

PROGRAM/PILOT NAME:						
COLLECTION LOCATION NAME:						
COLLECTION START DATE:					END DATE:	
Recycler Fee Per Product						
Product	R14 Actual Units	R15 Pounds	R16 Average Weight	R17 Calculated Units	R18 Fee Per Pound	R19 Fee Per Unit
Audio/Visual Equipment						
Batteries						
Cell Phones/PDAs and Accessories						
Computer Monitors						
Computers						
Ink Jet Cartridges						
Laptops						
Large Copiers						
Printers/MFDs/Fax/Desktop Copiers/Scanners						
Small Peripherals						
Toner Cartridges						
TVs						
Other						
Total						

Transporter Information

(Page 1 of 1)

T1 PROGRAM/PILOT NAME:														
T2 COLLECTION LOCATION NAME:														
T3 COLLECTION START DATE:							T4 END DATE:							
T5 Transporter Name:														
T6 City:							State:				Zip:			
T7 Transporter Point of Contact														
Point of Contact:								Last Name:						
Email:														
Address:														
City:							State:				Zip:			
Country:														
Phone:								Extension:						
Bulk Transport Costs														
T8 Total Shipping Cost:														
T9 Number of Trips:														
T10 Average Load Per Trip:														
T11 Number of Miles Shipped:														

Program Partner Information

(Page 1 of 1)

P1 PROGRAM/PILOT NAME:					
P2 COLLECTION LOCATION NAME:					
P3 COLLECTION START DATE:			P4 END DATE:		
Partner Information					
P5 Partner Name:					
P6 City:		State:		Zip:	
P7 Partner Organization Role for this Program		<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Coalition <input type="checkbox"/> Non-Profit <input type="checkbox"/> State Government <input type="checkbox"/> Federal Government <input type="checkbox"/> Recycler <input type="checkbox"/> Regional Authority </div> <div style="width: 48%;"> <input type="checkbox"/> Local/County Government <input type="checkbox"/> Retailer <input type="checkbox"/> Manufacturer <input type="checkbox"/> School <input type="checkbox"/> Transporter </div> </div>			
P8 Partner Point of Contact					
First Name:		Last Name:			
Email:					
Address:					
City:		State:		Zip:	
Country:					
Phone + Extension:					
Partner Contribution					
P9 Contribution Type (select all that apply):		<input type="checkbox"/> Financial/Monetary <input type="checkbox"/> In-Kind (specify below): <div style="margin-left: 20px;"> <input type="checkbox"/> Advertising <input type="checkbox"/> Equipment <input type="checkbox"/> Labor <input type="checkbox"/> Space <input type="checkbox"/> Transportation <input type="checkbox"/> Other </div>			
P10 Contribution Amount:					

Instructions for Data Collection Forms

Below are general instructions for filling out the Centralized Data Repository forms. You will also find definitions for each data element included on the forms. Each data element is identified by a unique label consisting of a letter, which indicates the particular form the data element is found on, and a number. Where applicable, data elements were grouped together and not labeled separately (e.g. Collection Location Point of Contact has one label (P5) which includes name, address, phone and email).

PROGRAM/PILOT NAME:			
COLLECTION LOCATION NAME:			
COLLECTION START DATE (m/d/yyyy):		END DATE:	

Above is pictured the header information that you will see at the top of each form (except the Program Sponsor Information form). The data elements in this header should contain the same information on each and every form. This is simply to identify which program and data reporting period each form belongs to. If you would like to report data and the Program Sponsor Information form and a Collection Location Information form have already been completed, then the Collection Activity form is all you need to fill out along with Transporter and Recycler Information.

Program Sponsor Information

Program Pilot
Start Date: **1/1/2004**

Program Pilot
End Date: **12/31/2004**

Fill out one **Program Sponsor Information** form for each Program. Indicate the start and end date for the program. If you do not know when the program will end, enter an end date that you think is reasonable for your program.

Collection Location Information Page 1

**Collection Location
Name**

Fill out Page 1 of the **Collection Location Information** form for each Collection Location.

Instructions for Data Collection Forms

**Collection Activity
(Page 1 of 2)**
1/1/2004- 3/31/2004

**Collection Activity
(Page 1 of 2)**
4/1/2004- 6/30/2004

**Collection Activity
(Page 1 of 2)**
7/31/2004- 9/30/2004

Fill out Page 1 and 2 of the **Collection Activity** form each time you report data. For example, if you have a one-year program and you report data quarterly, you will have 4 sets of Collection Activity forms by the end of the program. On each Collection Activity form, make sure you include the Reporting Period Start and End Date in Box A5 and A6. These dates will appear at the top of each and every form.

If you choose to report data only one time – at the end of the program – the Reporting Period Start Date (A5) and Reporting Period End Date (A6) will be the same as the Program Start and End Date (P11 and P12).

**Collection Activity
(Page 1 of 2)**
1/1/2004- 12/31/2004

**Recycling
Information**

Products Collected

Fill out one **Recycling Information** form for each recycler. The Products Collected section of the Recycling Information form refers to the products collected and sent to this recycler during the reporting period.

Fill out one **Transporter Information** form for each transporter who participated during the Reporting Period (A5 – A6). If transporter costs are included in the recycler fee (A20), do not report any Total Shipping Costs on the Transporter Information form (T8).

**Transporter
Information**

Partner Information

Fill out one **Partner Information** form for each Partner. Indicate the role the partner is serving for this program (P7).

Data Element Definitions

Program Sponsor Information – Form Instructions		
No.	Data Element Name	Data Element Definition
P1	Program Sponsor Name	Name of program or pilot sponsor – the name of a government unit, coalition, company, non-profit, or other institution managing the program or pilot
P2	Program Sponsor City	Program Sponsor Organization's City
P3	Program Sponsor State	Program Sponsor Organization's State
P4	Program Sponsor Zip	Program Sponsor Organization's Zip
P5	Sponsor Organization Type	Sponsor's organization type. Valid values include Retailer, Manufacturer, Local/County Government, State Government, Federal Government, Recycler, Coalition, Non-Profit or School
P6	Sponsor POC First Name	First name of program point of contact
	Sponsor POC Last Name	Last name of program point of contact
	Sponsor POC Email	Email address for the program point of contact
	Mailing Address	The exact address where a mail piece is intended to be delivered, including urban-style street address, rural route, and PO Box.
	Mailing Address City Name	The name of the city, town, or village where the mail is delivered.
	Mailing Address State Code	The alphabetic code that represents the name of a principal administrative subdivision of the United States.
	Mailing Address Zip Code	The combination of the five-digit Zone Improvement Plan (ZIP) code and the four-digit extension code (if available) that represents the geographic segment that is a subunit of the ZIP code, assigned by the U.S. Postal Service to a geographic location to facilitate mail delivery; or the postal zone specific to the country, other than the U.S., where the mail is delivered.
	Telephone Number	The number that identifies a particular telephone connection.
	Telephone Extension Number	The number assigned within an organization to an individual telephone that extends the external telephone number.
P7	Program/Pilot Start Date	The start date for the overall program and not any particular collection activity.
P8	Program/Pilot End Date	The end date for the overall program and not any particular collection activity.
P9	Financing	How is the program financed: grants, government funds, manufacturer, retailer, point of purchase, or end-of-life fee. Select all that apply.
P10	Promotional Technique	Technique used to promote a recycling program/pilot. Valid values include flier, brochure, TV, radio, movie theater, newspaper, internet, government newsletter, recycler bill, other print, and other. Select all that apply.
P11	Total Promotional Cost	The total cost of promoting a program/pilot.

Program Sponsor Information – Form Instructions

No.	Data Element Name	Data Element Definition
P12	Program Set Up Cost	One-time cost that applies to ongoing programs/pilots and one-time events. This number does not include staffing costs, promotional costs, or any other costs already reported on these data collection forms.
P13	Other Recurring Program Cost	Dollar value of total other recurring program/pilot cost.
P14	Regulatory or Legislative Context	Regulatory or legislative context in which the pilot/program is being implemented. Valid values include "Disposal Ban in Place", "Advance Recycling Fee Mandated", "Mandated Producer Responsibility".
P15	Unique Program/Pilot Features	Description of unique attributes of a program/pilot which sets it apart from others.

Collection Location Information – Form Instructions

No.	Data Element Name	Data Element Definition
C1-4	Items 1 - 4 make up the page header and should be the same on every form.	
C1	Program/Pilot Name	Name of the program or pilot.
C2	Collection Location Name	Name of the drop off location. For curbside note geographic area - curbside (e.g., Hennepin County – curbside)
C3	Collection Start Date	Calendar date for starting of a program/pilot reporting period. (The first day for which data is being reported for this collection activity.)
C4	Collection End Date	Calendar date for ending of a program/pilot reporting period. (The last day for which data is being reported for this collection activity.)
C5	Collection Location POC First Name	Collection Location point of contact's first name.
	Collection Location POC Last Name	Collection Location point of contact's last name.
	Collection Location Email	Collection Location point of contact's email address.
	Mailing Address	The exact address where a mail piece is intended to be delivered, including urban-style street address, rural route, and PO Box.
	Mailing Address City Name	The name of the city, town, or village where the mail is delivered.
	Mailing Address State Code	The alphabetic code that represents the name of a principal administrative subdivision of the United States, Canada, or Mexico.
	Mailing Address Country Code	The alphabetic code that represents the name of a country where mail is delivered to an individual or organization.
	Mailing Address Zip Code	The combination of the five-digit Zone Improvement Plan (ZIP) code and the four-digit extension code (if available) that represents the geographic segment that is a subunit of the ZIP code, assigned by the U.S. Postal Service to a geographic location to facilitate mail delivery; or the postal zone specific to the country, other than the U.S., where the mail is delivered.
C6	Collection Location Name	Name of the business, transfer station or other area where collection is taking place.
C7	Collection Location Street Address	Street address where the collection takes place.
	Collection Location City	City in which the collection is taking place
	Collection Location State	State in which the collection is taking place.
	Collection Location Zip Code	Zip Code for the collection location.
C8	Frequency	The frequency of the collection activity (e.g., one-time event; ongoing, limited duration, ongoing, indefinite duration)
C9	Consolidation Point	Is this collection location exclusively or also a consolidation point? A consolidation point is a location where collected items are brought from various collection locations to be shipped to a recycler, another consolidation point, or other location.
C10	Days and Hours of Operation	Days of the week and hours of the day when collection is taking place at this collection location.

Collection Location Information – Form Instructions

No.	Data Element Name	Data Element Definition
C11	Backhauling	A yes or no indicating whether backhauling (using empty product delivery truck to take recyclable electronics to the consolidation point and/or Collection Location) is used from this collection location.
C12	Access to Service	Description of who is invited to take advantage of this service (e.g. residents of X jurisdiction, open to all, only open to businesses, etc).
C13	Political Jurisdiction	Political Jurisdiction served by this program/activity (Municipality, County/Parish or State).
C14	Materials Accepted	Materials deemed acceptable at this collection location. (Valid values derived from the products collected list)
C15	Materials Specifically Excluded	Specific materials not acceptable at a collection location.

Collection Activity – Form Instructions

No.	Data Element Name	Data Element Definition
A1-4	Items 1 - 4 make up the page header and should be the same on every form.	
A1	Program/Pilot Name	Name of the program or pilot.
A2	Collection Location Name	Name of the drop off location. For curbside note geographic area - curbside (e.g., Hennepin County – curbside)
A3	Collection Start Date	Calendar date for starting of a program/pilot reporting period. (The first day for which data is being reported for this collection activity.)
A4	Collection End Date	Calendar date for ending of a program/pilot reporting period. (The last day for which data is being reported for this collection activity.)
A5	Reporting Period Start Date	Calendar date for starting of a program/pilot reporting period.
A6	Reporting Period End Date	Calendar date for ending of a program/pilot reporting period.
A7	Total Number of Participants	The number of participants between the start and end date for a collection program or activity.
A8	Number of Participants Units	The name describing the logical grouping of participants such as vehicles, individuals, households, businesses, government entities or other for which data will be collected.
A9	Brand Sorting	Is brand sorting taking place at this collection location?
A10	Quantities by brand by Unit or by Weight	Quantities of electronic brands by unit or by weight
A11	Staffing Type	Type of staff working in preparation for and/or during the program activity. Valid values: Paid, volunteer, work release, and community service.
	Staffing Breakdown	The number of each type of Staffing. (This number refers to individuals working under each staffing type)
A12	Actual Units	The number of units of each product type collected as actually counted.
A13	Pounds Collected	Pounds collected for each product type.
A14	Average Weight	The average weight for each product type used to calculate the number units collected.
A15	Calculated Units	The calculated number of units collected for each product type based on the pounds collected for the product type divided by the average weight for this product type.
A16	User Fees	Dollar amount charged to the consumer for each product type dropped off.
A17	Total	Enter total pounds collected or total units collected at this collection location. These boxes can be used to record total pounds or units collected even if no product detail was given. (i.e. C23 and C24)
A18	Recycling Contractor Fee per Pound of Material	Recycler's fee per pound of material. This is a flat fee applied to all product types collected.
A19	Recycling Contractor Fee Per Unit of Material	Recycler's fee per unit of material. This is a flat fee applied to all product types collected.

Collection Activity – Form Instructions

No.	Data Element Name	Data Element Definition
A20	Recycling Contractor Cost Include Shipping?	A yes or no indication of whether the recycler's stated cost includes shipping or not.
A21	Additional Fees	Additional fees to the recycler.
A22	Additional Fee Types	Additional fee types include gaylord boxes, battery removal, shrink wrap, toner cartridges, on-site labor, reporting, information destruction/management and trailer rental.

Recycling Information – Form Instructions

No.	Data Element Name	Data Element Definition
R1-4	Items 1 - 4 make up the page header and should be the same on every form.	
R1	Program/Pilot Name	Name of the program or pilot.
R2	Collection Location Name	Name of the drop off location. For curbside note geographic area - curbside (e.g., Hennepin County – curbside)
R3	Collection Start Date	Calendar date for starting of a program/pilot reporting period. (The first day for which data is being reported for this collection activity.)
R4	Collection End Date	Calendar date for ending of a program/pilot reporting period. (The last day for which data is being reported for this collection activity.)
R5	Recycler Organization Name	Recycling company name.
R6	Recycler Organization's City, State, Zip	Recycler Organization's address, including city state and zip where recycler organization is located and material will be processed if different than mailing address
R7	Recycler POC First Name	Recycler point of contact's first name.
	Recycler POC Last Name	Recycler point of contact's last name.
	Recycler Email	Recycler point of contact's email address.
	Mailing Address	The exact address where a mail piece is intended to be delivered, including urban-style street address, rural route, and PO Box.
	Mailing Address City Name	The name of the city, town, or village where the mail is delivered.
	Mailing Address State Code	The alphabetic code that represents the name of a principal administrative subdivision of the United States, Canada, or Mexico.
	Mailing Address Country Code	The alphabetic code that represents the name of a country where mail is delivered to an individual or organization.
	Mailing Address Zip Code	The combination of the five-digit Zone Improvement Plan (ZIP) code and the four-digit extension code (if available) that represents the geographic segment that is a subunit of the ZIP code, assigned by the U.S. Postal Service to a geographic location to facilitate mail delivery; or the postal zone specific to the country, other than the U.S., where the mail is delivered.
	Telephone Number	The number that identifies a particular telephone connection.
	Telephone Extension Number	The number assigned within an organization to an individual telephone that extends the external telephone number.
R8	Total Units Reused	Total units of products reused as original product use intended.
R9	Total Pounds Recycled	Pounds of product collected destined for recycling.
R10	Total Pounds Disposed	Pounds of product collected destined for disposal.
R11	Total Pounds Processed for Waste-to-Energy	Pounds of product collected destined for waste to energy.
R12	Brokering	A yes or no indicating that some or all collected material is being brokered (i.e. sent to a third party without any processing).

Recycling Information – Form Instructions

No.	Data Element Name	Data Element Definition
R13	Recycling Processes Employed	Process employed by the recycler. Valid values include manual demanufacturing, automated shredding with material separation, automated shredding without material separation. Select all that apply.
R14	Actual Units	Actual, counted units sent to this recycler.
R15	Pounds	Pounds sent to this particular recycler.
R16	Average Weight	The average weight for each product type used to calculate the number units collected as reported to (or by) this recycler.
R17	Calculated Units	The pounds sent to this recycler divided by the average weight.
R18	Fee Per Pound	The fee this recycler charges per pound for a particular product type.
R19	Fee Per Unit	The fee this recycler charges per unit for a particular product type.

Transporter Information – Form Instructions		
No.	Data Element Name	Data Element Definition
T1-4	Items 1 - 4 make up the page header and should be the same on every form.	
T1	Program/Pilot Name	Name of the program or pilot.
T2	Collection Location Name	Name of the drop off location. For curbside note geographic area - curbside (e.g., Hennepin County – curbside)
T3	Collection Start Date	Calendar date for starting of a program/pilot reporting period. (The first day for which data is being reported for this collection activity.)
T4	Collection End Date	Calendar date for ending of a program/pilot reporting period. (The last day for which data is being reported for this collection activity.)
T5	Transporter Organization Name	Transporter company name.
T6	Transporter Organization City, State, zip	Transporter's address.
T7	Transporter POC First Name	First name of the transporter point of contact.
	Transporter POC Last Name	Last name of the transporter point of contact.
	Transporter POC Email	Email address for the transporter point of contact.
	Mailing Address	The exact address where a mail piece is intended to be delivered, including urban-style street address, rural route, and PO Box.
	Mailing Address City Name	The name of the city, town, or village where the mail is delivered.
	Mailing Address State Code	The alphabetic code that represents the name of a principal administrative subdivision of the United States, Canada, or Mexico.
	Mailing Address Zip Code	The combination of the five-digit Zone Improvement Plan (ZIP) code and the four-digit extension code (if available) that represents the geographic segment that is a subunit of the ZIP code, assigned by the U.S. Postal Service to a geographic location to facilitate mail delivery; or the postal zone specific to the country, other than the U.S., where the mail is delivered.
	Mailing Address Country Code	The alphabetic code that represents the name of a country where mail is delivered to an individual or organization.
	Telephone Number	The number that identifies a particular telephone connection.
	Telephone Extension Number	The number assigned within an organization to an individual telephone that extends the external telephone number.
T8	Total Shipping Cost	Total cost in dollars to ship all material from a collection location.
T9	Number of Trips	Number of trips required to transport all material from a collection location to a recycler.
T10	Average Load Per Trip	Average pounds of material shipped per trip (i.e., per shipment) from a collection location to a recycler.
T11	Number of Miles Shipped	Total number of miles traveled to transport all material from a collection location to a recycler.

Program Partner Information – Form Instructions

No.	Data Element Name	Data Element Definition
P1-4	Items 1 - 4 make up the page header and should be the same on every form.	
P1	Program/Pilot Name	Name of the program or pilot.
P2	Collection Location Name	Name of the drop off location. For curbside note geographic area - curbside (e.g., Hennepin County – curbside)
P3	Collection Start Date	Calendar date for starting of a program/pilot reporting period. (The first day for which data is being reported for this collection activity.)
P4	Collection End Date	Calendar date for ending of a program/pilot reporting period. (The last day for which data is being reported for this collection activity.)
P5	Partner Organization Name	Name of company, organization or government agency that is not the sponsor but contributes financially or in-kind to the program/pilot.
P6	Partner Organization City, State, Zip	Partner Organization's City, State, and Zip.
P7	Partner Organization Type	Partner organization type. Valid values include Retailer, Manufacturer, Local/County Government, State Government, Federal Government, Recycler, Coalition, Non-Profit or School
P8	Partner POC First Name	First name of Partner Organization point of contact.
	Partner POC Last Name	Last name of Partner Organization point of contact.
	Partner POC Email	Email address of Partner Organization point of contact.
	Partner Mailing Address	The exact address where a mail piece is intended to be delivered, including urban-style street address, rural route, and PO Box.
	Partner Mailing Address City Name	The name of the city, town, or village where the mail is delivered.
	Partner Mailing Address State Code	The alphabetic code that represents the name of a principal administrative subdivision of the United States, Canada, or Mexico.
	Partner Mailing Address Zip Code	The combination of the five-digit Zone Improvement Plan (ZIP) code and the four-digit extension code (if available) that represents the geographic segment that is a subunit of the ZIP code, assigned by the U.S. Postal Service to a geographic location to facilitate mail delivery; or the postal zone specific to the country, other than the U.S., where the mail is delivered.
	Partner Mailing Address Country Code	The alphabetic code that represents the name of a country where mail is delivered to an individual or organization.
	Partner Telephone Number	The number that identifies a particular telephone connection.
P9	Partner Telephone Extension Number	The number assigned within an organization to an individual telephone that extends the external telephone number.
	Partner Contribution Type	Type of contribution partner has given. Valid values include Financial/Monetary and In-kind. In-kind contributions include advertising, equipment, labor, space, transportation and other. Multiple values are allowed.
P10	Partner Contribution Amount	Total dollar value of partner's contribution.